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BRINKS HOFER GILSON &LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re | Appln. of: E | Bradley F. E | id et al. | | | | | | | | |
|--|---|---|--|--|---|--------------------------------------|--|-------------------------|--|----------------------------------|--|
| Appln. No.: | | 10/606,623 | | | | Examiner: Faulk, Devona E | | | | | |
| Filed: June | | une 25, 20 | 25, 2003 | | | | Art Unit: 2615 | | | | |
| For: BASE | | BASE MANAG | MANAGEMENT SYSTEMS | | | | Confirmation No.: 5038 | | | | |
| Attorney Docket No: 11336/538 (P03114US) | | | | | | | 00111111 | iiati | 011110 | 0000 | |
| Alloi | ney Docket i | NO. 1133 | 0/556 (2051140 |)3) | | ╛ | | | | | |
| Mail Stop Issue Fee Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 | | | | | | TRANSMITTAL | | | | | |
| Sir: | | | | | | | | | | | |
| Attacl | ned is/are: | | | | | | | | | | |
| \boxtimes | Transmittal Letter (1 pg); and Notice of Allowance & Fee Due – Part B (1 pg); Applicant's Response to Examiner's Reasons for Allowance (1 pg); and Request for Review of Patent Term Adjustment (1 pg). | | | | | | | | | | |
| Return Receipt Postcard. | | | | | | | | | | | |
| Fee ca | alculation: | | | | | | | | | | |
| | No additional fee is required. | | | | | | | | | | |
| | Small Entity. | | | | | | | | | | |
| | An extension fee in an amount of \$ for amonth extension of time under 37 C.F.R. § 1.136(a) | | | | | | | | | § 1.136(a). | |
| | A petition or pro | ocessing fee i | n an amount of \$ | under : | 37 C.F. | ₹. { | 3 1.17(| _). | | | |
| | An additional fil | ling fee has be | en calculated as sh | nown below | /: | | | | | | |
| | | | | | | Small Entity | | | Not a Small Entity | | |
| | Claims Remai After Amendr | | Highest No. Previously Paid For | Present Extra | Rate | | Add'l Fee | or | Rate | Add'l Fee | |
| Total | | Minus | | | x \$ | 25= | | | x \$50= | | |
| Indep. | | Minus | | | X10 | 00= | | | x \$200= | | |
| First Presentation of Multiple Dep. Claim | | | | | | 30= | | | + \$360= | | |
| | | | | | l | | | | | | |
| | | | | | | otal | \$ | | Total | \$ | |
| | ayment: | | | | <u></u> | otal | \$ | | Total | \$ | |
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